

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 519 S.eyer Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME

Minnie Schneider

3. (b) If veteran

MINNIE

3. (c) Social Security

No.

4. (a) Sex

Female

5. Color or race

White

6. (b) Name of husband or wife

Theodore

7. Birth date of deceased

Jan - 28 - 1862

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

79

6

1

hr. min.

9. Birthplace

Page Co Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Daniel Hoffman

13. Birthplace

Germany

(City, town, or county) (State or foreign country)

14. Maiden name

Schneider

15. Birthplace

" "

(City, town, or county) (State or foreign country)

16. (a) Informant

Edward J. Schneider

(b) Address

Minneapolis Minn

17. (a)

Buried

(b) Date thereof

7-31-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Hill Cem

18. (a) Signature of funeral director

Louis H. Bopp

(b) Address

Kirkwood Mo

19. (a)

JUL 29 1941

DR. Meyer

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 519 S.eyer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 7-15-41
to 7-29-41
that I last saw him alive on 7-29-41
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension Duration

Due to

Senility & Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(a) Means of injury

23. Signature Royal C. McLean (M. D. or other)

Address Kirkwood Mo Date signed 7-29-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John M Meyer

Licensed Embalmer No. *3288*

P. O. Address. *Turkward Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.